

Print on Facility Letterhead

Letter of Liquidation

Date: _____

The 20____-20____-contract period has ended, although there can be no further invoices submitted, there is still a remaining balance of \$_____ on Contract ____ - _____.

The Rural Health Policy Council is making efforts to close out contracts and is liquidating any remaining contract balances. Please sign and return to the Rural Health Policy Council at:

1600 Ninth Street, Room 440
Sacramento, CA 95814.

By signing this letter, the _____ facility acknowledges that the RHPC will liquidate the balance of \$_____.

Contract Number: ____ - _____

Facility Name: _____

Balance to be liquidated: \$_____

Name of Authorized Representative (Print)

Date

Signature of Authorized Representative

Please submit with this Letter of Liquidation:

- ☐ Final Invoice
- ☐ Final Report
- ☐ Detailed explanation justifying why the grant funds were not completely expensed

Original signatures are required for all document submitted. If there are any questions regarding this Contract, please contact Angela Kwong of the Rural Health Policy Council at (916) 651-7867 or (800) 237-4492.